

Medical Homes - Quality Metrics Subcommittee meeting 9.7.11

On the Phone: **Marie Hamilton**, Bozeman Deaconess Hospital; **Carol Kelly**, Bozeman Deaconess Hospital; **Cindy Stergar**, CHC-Butte Community Health Center; **Janice Gomersall**, American Academy of Family Physicians; **Jay Larson, M.D.**; **Tom Roberts, M.D.**; **Doug Carr**, Billings Clinic; **Janice Gomersall, M.D.** Community Medical Center; **Carol Kelly**, Bozeman Deaconess Internal Medicine Associates. **Rob Stenger, M.D.** Grant Creek Family Practice.

In Person: **Jonathon Griffin**, St. Peter's Medical Group; **Bob Shepard**, New West Health Insurance; **Bob Marsalli**, CHC- Montana Primary Care Association; **Janice Mackenson**, Montana Pacific Quality Health Foundation; **Nancy Wikle**, Montana Medicaid

The minutes of the last meeting were approved.

The subcommittee began with a review of the minutes from the last meeting.

The spreadsheet of demographic data elements (and attached) were reviewed and approved with the following notations:

(The document was color-coded from the last meeting as follows The items in green (and bold) are the measures we definitely need to capture. The items in blue (and italic) are those measures we would like to capture but the data options are unclear. The items in maroon would be nice to have, but might wait for a later time.)

The data elements discussed were

- Marital Status Approved the following data fields:
 - *divorced, married, partner, single, unknown, widowed, legally separated*
- Race or ethnicity the discussion centered on collecting one or the other or both. The group decided on both. The data elements for race are:
 - White, Black or African-American, Native Hawaiian or Pacific Islander, Asian, American Indian or Alaskan Native, taken from the US census definition.
 - Jay Larson will send out the ethnicity definition for review at the next meeting. (attached.)
- Patient and family preferred method of communication is another element to be included. Bozeman Deaconess and other members will find out specifically how they handle this in their data base and report back to the subcommittee. This is a drop down list and Bozeman will report back on the elements of the list. This is NCQA required.
- Should there be an age parameter around the blood pressure element? Best practice would be blood pressure for everyone over age 18. Change to include age > 12 years and BMI > 25. (over age 2 ?)
- General measures for everyone – blood pressure, tobacco use, height/weight, BMI, possibly lipids, head circumference for children under 2. The quality metric should ask- what percentage of your patients are you capturing this data from?
- The rest of the demographic data was approved.

The committee then discussed measurements of Appointment availability:

- ⤴ Days to third appointment
- ⤴ Access % -- patients who should be seen but haven't been
- ⤴ Access % of visits with assigned PCP
- ⤴ % open appointments
- ⤴ ER visits/1000
- ⤴ Hospitalizations/1000

The provider will look at their appointment scheduling software to see which elements can be reported on. There was a desire to avoid manual data collection. Some elements (ER and hospitalizations % of visits with assigned PCP) can be reported from claims data from payers (with some delay). This will be reviewed at the next meeting.

The **CAHPS® Clinician & Group Survey** was discussed. The questions on this survey are in the public domain and could be used by the group. Also, NCQA intends to have their survey out shortly. The group will discuss these surveys at the next meeting.

Dr Shepard indicated that osteoporosis screening was part of the Medicare star reporting on quality of Health Plans and New West would like to include that measure as part of the quality metrics. The group agreed in principle and Dr Shepard will report back at the next meeting on the metrics.

The group discussed mental health measures. This will be explored at future meetings. Dr Shepard and Nancy Wikle will contact some mental health groups that were part of the original DPHHS grant on Medical Homes.

Next Steps;

- 1) Drop down list of communication preferences from Bozeman Deaconess
- 2) Providers to report on Appointment scheduling reports currently available.
- 3) Osteoporosis screening measure (Dr Shepard)
- 4) Mental Health review (Dr Shepard)

The meeting was adjourned at 2:20. the next meeting will be October 12th.